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Practitioner's Docket No. 0075.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jayne E. Hastedt et al.

Application No.: 10/032,238

Filed: 12/21/2001

Group No.: 1646

Examiner: Prema Maria Mertz

For: STORAGE STABLE COMPOSITIONS OF INTERLEUKIN-4 RECEPTOR

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$950.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

G deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

with sufficient postage as first class mail.

37 C.F.R. § 1.10*

as "Express Mail Post Office to Addressee"
Mailing Label No. (mandatory)

TRANSMISSION

XX facsimile transmitted to the Patent and Trademark Office, (703) 872-9306

Date:

9/21/2004

Signature

Kathy Honnert
Kathy Honnert
(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	OTHER THAN A SMALL ENTITY		
				RATE	ADDIT. FEE	
TOTAL	43	43	= 0	x \$ 18.00	= \$	0.00
INDEP.	1	3	= 0	x \$ 86.00	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00
				TOTAL ADDIT. FEE	\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$950.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.

Reg. No.: 43,275
Tel. No.: 650-620-5506
Customer No.: 21968

Mark A. Wilson
Signature of Practitioner
Mark A. Wilson
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September 21, 2004

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